TAYLOR, (R. W.)

SOME UNUSUAL MODES OF INFECTION WITH SYPHILIS.

BY

R. W. TAYLOR, M. D.,

Surgeon to Charity Hospital, New York.

REPRINTED FROM THE JOURNAL OF CUTANEOUS AND GENITO-URINARY DISEASES FOR JUNE, 1890.

presented by the author.

SOME UNUSUAL MODES OF INFECTION WITH SYPHILIS.*

By R. W. TAYLOR, M. D.,
Surgeon to Charity Hospital, New York.

AS introductory to the following cases it may be of interest to mention the fact that there are two generally recognized modes of origin of acquired syphilitic infection, the one called direct infection, in which some part of a syphilitic person—such as the genital organs, the fingers, the lips, gums, teeth, tongue, pillars of fauces, tonsil, the folds between the breasts and the sides of the chest, the arms, and the nipple—come in contact with some portion or portions of the body of a non-syphilitic; and, second, mediate infection, in which some article or substance is the means of transmitting the infecting material from the diseased to the healthy person. In the latter category we find in literature the following articles mentioned: Cigars, cigar and cigarette holders, pipes, tooth brushes, tooth powders, drinking-utensils, knives, forks, spoons, razors, towels, sponges, pillows, masks, gloves, wash-rags, linen thread, silk thread, pins, needles, children's toys, nursing-bottles, rubber tubes, babies' rubber rings, trousers, bandages, surgical and cupping instruments, scarifiers, dental instruments and appliances, blow-pipes, paper-cutters, lead-pencils, speaking-trumpets, musical instruments, fish-horns, and last, but not least, the telephone has been accused of being a medium of syphilitic infection. In connection with this long list of recognized media of syphilitic infection I now present a case which carries with it intrinsic evidence of truth and of strong probability that the popular and apparently innocent gum-chewing craze may be accompanied by the hidden danger of syphilitic infection.

Then in the matter of direct infection I shall report a case which very

* Read before the American Association of Genito-urinary Surgeons, at its fourth annual meeting, June 2, 1890.

clearly brings out a danger to communities which has heretofore attracted little or no attention, certainly none in this country. In the cases reported it is clearly shown that men, by beastly and unnatural practices upon men, may be the means of conveying syphilitic infection.

I shall also present to my readers two carefully observed cases, of which the evidence points very strongly to the conclusion that syphilis was contracted in the performance of post-mortem examinations. In presenting these cases I desire it to be distinctly understood that I make no dogmatic statement that syphilis is communicated from the syphilitic dead to the live person. I only wish to put on record the evidence (which seems to be quite strong) showing the probability of syphilitic infection occurring from a body which in life was syphilitic to a healthy person. I am in hopes that this communication will be the means of bringing out any observations and views which may be held upon the subject by physicians at large.

In addition to the foregoing I shall, in the briefest possible manner, put on record some cases in which the mode of syphilitic infection was both rare and peculiar.

SYPHILITIC INFECTION BY MEANS OF CHEWING-GUM.

The following case is, in my experience, unique, and it carries with it a very important lesson in prophylaxis. Clinically it is very interesting as adding another mode to the now long list of mediate infections with syphilis. The patient was a married lady in easy circumstances and a woman of marked intelligence. Her story was clear and striking, and, although submitted to the test of severe questioning, it was not shaken in any particular. The history contains many points of great interest, and is as follows:

CASE I.—A lady, aged thirty-six, in perfect health, lived with her husband, and with them a lady friend resided as a companion. In July, 1886, the mistress of the household complained of an ulcer on the lower right eyelid near the inner canthus, which gave her great uneasiness and inconvenience by reason of the constant lacrymation and unwieldiness of the part. When first seen by me this lesion presented a characteristic nodular induration and a raw exulcerated surface. The corresponding ante-auricular ganglion was much enlarged, while those of the neck generally were less hyperplastic (later on they all became markedly enlarged and typically syphilitic). A diagnosis of syphilitic chancre was made at once, but the question of its source was then unanswerable. To make a long story short, after much inquiry and questioning it was ascertained that the lady's maid had been suffering from syphilis for some months, and that just prior to the infection of her mistress she had had pharyngeal and labial mucous patches. All possible modes of mediate infection suggested by the case were examined into, and it was finally decided that infection must have occurred by means of a towel,

for the servant after a time reluctantly confessed that she had several times wiped her mouth with the "corner of a towel."

The initial lesion on the lady's eye yielded kindly to treatment, and in due time was followed by general secondary manifestations. Under treatment these disappeared, and for about six months the patient was not under my observation. Toward the latter part of this period she was very negligent in following the prescribed treatment. The next time I saw her she was in great mental distress, and told me the following story: She had for two or three months suffered from sore mouth and tongue, but had faithfully used a gargle (bichloride, tinct. myrrh, and water) which I had given her. At irregular intervals she had used chewing-gum very vigorously more or less during the day, and once or twice noticed, on removing it from the mouth, that a little blood adhered to it. On two occasions when she was thus chewing gum she had temporarily placed her bolus on some article of furniture, and it had been taken by mistake and chewed for some time by her female companion. As she had received from me stringent instructions in every direction as to the prevention of the spread of the disease to her husband and her companion, she was on each of these occasions somewhat troubled in mind and on the alert. For two weeks before the visit to me just mentioned her companion had complained of a sore just within the lower lip on the right side, which had failed to disappear under the use of borax, alum, and other domestic remedies. The lady's friend was in total ignorance of the nature of her trouble, but stated that in brushing her teeth a few weeks before she had abraded the lip, so that it was painful, and the sore thus produced had not healed. My informant told me that she was certain that her companion chewed her gum by mistake just about the time when she had wounded her lip. A few days later I examined the lady's companion and found a typical indurated chancre of the lower lip and marked submaxillary and cervical adenopathy. In due time roseola and rheumatoid pains ushered in the secondary period of syphilis.

I may say that I eliminated such sources of mediate infection as towels and sponges, drinking-utensils, needles, thread and silk, pins, pencils and pen-holders, paper-cutters, many apparatuses, and, in fact, every article which these ladies might at any time use in common. I may add that at no time had they slept together; hence that as a medium of infection pillows were not to be considered.

It seems therefore reasonably certain that the chewing-gum was the mediate infecting agent. We must place it, therefore, in the category of media of syphilitic infection.

With this experience in mind, I now always ask female patients having any secondary lesion of syphilis in the mouth whether they chew gum.

SYPHILIS COMMUNICATED BY ONE MAN TO ANOTHER BY MEANS OF AN UNNATURAL PRACTICE.

CASE II.—On the 7th of May, 1888, a young man aged thirty-two, of fair average build and good habits, consulted me at the suggestion of Dr. B. A.

Lindsey. Dr. Lindsey had made a diagnosis of syphilis in the patient's case, which had been questioned by a prominent practitioner of this city. So the man was sent to me for my opinion. Examination showed upon the penis three quite large, perfectly healed, indurated nodules, the larger one seated in the median line in the balano-preputial sulcus and the other two a little farther up and seemingly seated over the dorsal lymphatics. They abutted against one another as beads do on a string. There was marked adenopathy over the whole body, and on the trunk a well-marked roseola. Dr. Lindsey's diagnosis was therefore confirmed. Owing to much suffering from gonorrhœa two years ago, patient has had no intercourse with women since. The history of the present infection is as follows : At about the middle of March of this year, late at night, while going home slightly under the influence of liquor, the patient was accosted by a man in Twelfth Street near Fifth Avenue who put his hand on his shoulder and led him to a retired corner. The stranger then drew his penis from his trousers and inserted it in his mouth. During the act the patient experienced slight pain from the sharpness of the man's teeth. Two weeks after this encounter three excoriations appeared on the sites now occupied by the nodules. Careful questioning only tended to draw from the patient reiterated assurances that he had had no sexual intercourse in two years, and that there was no other circumstance which could have given rise to the ulcerations. The case, therefore, is an undoubted instance of syphilitic infection from one man's mouth to another's penis in an unnatural and beastly act.

A fact brought out by this case should be strongly emphasized. It seems that an eminent practitioner of this city pronounced this man free from syphilis for the reason that he had not had connection with a woman for fully two years. Seeing that this man-to-man mode of syphilitic infection may at any time occur and to any one, we, in our examinations, must not only ask the patient when he * was with a woman last, but in

* In the American Journal of Dermatology and Syphilography for July, 1871, I published a case in which it appeared that the first period of incubation of syphilis was very short. The patient was a very intelligent man and, though closely questioned by Dr. Bumstead and myself, and also by other gentleman skilled in venereal diseases, he persisted in the assertion that the only time he had had *coitus* in many months was two days before the appearance of his initial syphilitic lesion. The case, therefore, came to be remarkable, and it was published as an extraordinary exception in the evolution of syphilis. At that date, 1871, unnatural modes of sexual indulgence were not as common as they are now, and medical men had not had their attention called to them in a prominent manner. Thus it was that fully six skilled diagnosticians had accepted this man's story. Several years after his infection with syphilis I saw him again, and in the mean time I had seen cases in men and women in which syphilis had been contracted in unnatural ways, particularly by mouth-suction. I then learned that about two weeks before the appearance of the chancre a woman had thus caressed him, but, as he tritely remarked, he did not consider that as being with a woman. I have since found that many men are of the same impression, and I have become convinced

uncertain and suspicious cases we must endeavor (using tact and prudence in order to avoid offense) to ascertain whether the syphilitic infection has been derived from a man.

There is a class of men, chiefly young (but there are older ones among their number), who are victims of sexual perversion and who grant to and receive from men libidinous favors in revolting and unnatural practices. By the laity they are called Charleys and Sissies, and obscene epithets are freely applied to them. They circulate in our midst and patrol dark and unfrequented streets, and prove a constant source of annoyance to the police after dark by "hanging around" our public parks and haunting the puplic places of urination, and also water-closets in hotels. They are rarely, I am told, of a mercenary turn like their sister colleagues in prostitution, but seem impelled by an irresistible impulse to toy with and fondle the genitals of their fellow-men. The active agent in the case just detailed was one of this gang, and a walk around town will convince any one that there are many men plying the same vocation. In the present case the mode of syphilitic infection was clear and striking, and it is interesting to note that in December, 1888, I presented one of these men, suffering from a well-marked chancre of the right tonsil and general syphilitic manifestations, to the New York Dermatological Society. This man undoubtedly received his infection from the penis of a man on which a hard chancre was seated, and there is no knowing how many men he had infected before his tonsillar chancre caused such pain and uneasiness that deglutition and sucking movements were impossible.

From the foregoing facts, which I believe are now first promulgated, we can see that we have yet another dangerous class in our midst, and that syphilis carried by men lurks in the darkness and stalks by night. When in the future legislation is made (if it ever shall be) for the prevention of venereal diseases in this country or State, these syphilitic Charleys should be prominently remembered. It may be of interest to add that the members of this promising fraternity are well known to the police, who, having an antipathy to them as a rule, keep a sharp eye upon them, cause them to keep moving, and in every possible way interfere with their beastly pursuits.

---

that our classical question, put when we are trying to ascertain the incubation period of a chancre—When were you with a woman last?—will not in many cases bring forth a truthful answer, and that we must sometimes inquire concerning methods about which some men have no shame, while others are very sensitive. It is very certain that syphilis is not infrequently contracted from the mouths of women suffering from buccal lesions, and it is well, for many reasons, that physicians should be aware of the fact. Some men prefer this unnatural practice from lust. Others cause its adoption under the impression that they are thus saved from the danger of venereal diseases. I have seen many of these individuals painfully undeceived.

THE QUESTION OF THE PROBABILITY OF POST-MORTEM INFECTION WITH SYPHILIS.

We now come to a less revolting mode of syphilitic infection. With the exception of the eminent Danish syphilographer,* Dr. R. Bergh, I believe that no author has treated of the occurrence of syphilitic infection from the cadaver of a person who died during the active stage of a diathesis. This subject was brought prominently to my mind many years ago by the occurrence of syphilis in a medical friend who had performed an autopsy upon a patient who died of syphilis maligna and tuberculosis, all facts pointing to this operation as the origin of his infection. At that time I made full notes of the case of the patient and of subsequent results, and I now present them. Following this history, I give the account sent to me by a physician who, at the suggestion of my friend Dr. Charles B. Kelsey, consulted me for the purpose of obtaining a diagnosis of two syphilitic ulcers on his finger-tips and a commencing roseola:

SYPHILITIC INFECTION PROBABLY FROM A CADAVER.

CASE III.—The patient was an Englishman, twenty-nine years of age, who, two weeks after coitus, noticed a raw, slightly elevated papule of the size of a silver three-cent piece on the dorsum of the penis near the pubes. In five weeks a very copious eruption appeared over the whole body, it being particularly well marked on the forehead, especially at the margin of the scalp. With the appearance of the eruption the patient's general condition became very bad. He became much debilitated, and even utterly abject. He suffered severely with pains in the large joints and muscles of the extremities, which were worse at night. In addition, he was extremely nervous, and wanted to be constantly on the move. His temperature was at times increased, and at other times he suffered from cold sweats, which left him exhausted. In this state he was seen by a physician, who pronounced his case to be small-pox, and ordered him to be removed to the upper part of the house and there to stay, while every one should keep away from him except his mother, who nursed him. In this condition of sequestration he remained five weeks, during which time he was treated with tonics and nutritious broths. At the end of this period it dawned upon his physician that a mistake in diagnosis had been made, the acknowledgment of which led to his prompt dismissal.

The patient was then intrusted to the charge of a young physician, now dead, who immediately made a diagnosis of syphilis, and sought my aid for its confirmation and treatment of the case. We found a man very greatly emaciated, troubled with a persistent hacking cough, utterly unable to rise from bed, without any appetite, and with a constantly elevated temperature. At the upper half of each lung marked consolidation was discovered, and all

* Ueber Anstechung und Anstechungswege bei Syphilis. Monatshefte für prak. Dermatologie, vol. vii, 1888, p. 149 *et seq.*

the physical signs were in conformity with that condition. Over the whole body a profuse large and small papular syphilide was scattered. All the external ganglia were typically swollen. Although appropriate treatment was followed and every hygienic aid invoked, the patient succumbed six weeks after my first visit and four months from the time of the appearance of the initial syphilitic lesion.

(This case is an excellent illustration of a class which is happily rather rare, which we term malignant or galloping syphilis. These questions suggest themselves very forcibly, namely: How much did the error of the physician contribute to the malignancy of the case? and Would a promptly instituted mercurial treatment have averted the sad calamity? I am fully convinced that it would have done so.)

Eight hours after the death of this patient my friend made an autopsy upon his remains, during which he broke the end of the at that time intact nail of the left middle finger and tore the flesh to the quick. The raw surface thus left healed in five days. On the fifteenth day after the autopsy, redness and a slight fissure developed in the previously affected finger-end, and within two weeks an exuberant chancre with a vegetating surface, together with enlargement of the corresponding epitrochlear and axillary ganglia, was developed. In forty-five days general syphilitic manifestations appeared.

At the time of the autopsy my friend felt very uneasy about the accident, and as promptly as possible took measures to prevent infection of any kind—pyæmic, septicæmic, or syphilitic. He, after much reflection, convinced himself that he had not been exposed to syphilis in any manner certainly for seven or eight weeks prior to the autopsy, and that his infection occurred while performing that operation. During his period of attendance upon the patient there had been no lesions upon the latter which could possibly have conveyed syphilitic infection.

In reply to a series of written questions I received the following communication from Dr. Kelsey's friend, which fully explains itself:

CASE IV.—I am twenty-six years of age, of a strong and vigorous constitution, have never had any venereal disease nor taken any medicine in years, and do not smoke or drink. I am told that when a child I had a slight "running" from my left ear. For the past ten years my hair has been getting thin and coming out—all indications of a mild scrofulous taint—although my parents are strong and remarkably healthy people.

The date of contagion was probably December 21, 1887, although I made an autopsy on a case November 29, 1887.

The first autopsy (Nov. 29th) was on a woman who died of apoplectic congestion of the brain. There were scars on her body—no doubt the result of syphilitic lesions, she being a prostitute. At the time of this autopsy, nine hours after death, my third finger had a small crack just under the nail, which I covered with collodion. The crack after this autopsy became a little

more inflamed and would not heal, but it was not until after the second autopsy, December 21, 1887, that the fingers gave me any trouble. The second case was a man who died of acute alcoholism, cirrhosis of the liver and kidneys. He had a fracture of the jaw of the right side, with a very large external wound, extending from the inferior maxilla almost to the malar bone, and about an inch and a half to two inches in width. There was not any attempt at granulation or repair. The edges of the wound sloughed. The man was in a separate ward, but the odor from him was unbearable—simply disgusting. In this case the autopsy was made five hours after death. I am more inclined, after some thought, to attribute the contagion to the woman, and that possibly I received simply blood poisoning from the second case, thus aggravating the former.

I did not operate on or attend any syphilitic case, or attend any syphilitic women in confinement, or perform any operation whatever upon syphilitics. The first appearance of any trouble was a slightly inflamed condition of the crack in the skin close to the nail; the crack, or rather cracks (for both second and third fingers were affected), were similar to those frequently occurring in winter from cold or chapping. It was not till about three or four days after the second autopsy that the fungoid appearances set in. The excessive granulations, or rather fungoid growth, were cauterized with nitrate of silver, and here was the starting-point of the most peculiar-looking growth I have ever seen. Within two hours after being cauterized the fungoid growth had raised up and lifted the slough produced by the caustic almost a quarter of an inch above the surrounding healthy skin. Pure carbolic acid and pure nitric acid were tried in turn with like results. The granulations were large, about one sixteenth of an inch in diameter, and each stood out apparently separated from the others. The color was a pale gray, somewhat like a mucoid polypoid growth in the nose. There was not the first appearance of any blood-vessels. I now tried strapping with adhesive straps, which had no effect. At last twenty per cent. strength of oleate of mercury was applied thrice daily, which cleared away the fungoid growth and left a bright-red base. Balsam of Peru finally effected a cure. Before the fingers were strapped, iodoform was used and failed to accomplish anything.

For the past four or five weeks I noticed the glands of my left arm were enlarged, but supposed it to be due to simple blood-poisoning. For the purpose of cleansing my system I resorted to the Turkish bath about once a week. On the 23d of January, 1888 I took a bath, a rather prolonged one, including the plunge. The next night, on going to bed, I noticed a rash on my arms and hands, and, on making a careful examination, I found myself covered.

The rash is now gradually disappearing, but the glands of my arms are very much enlarged at the elbow, the trochlear gland is about half an inch in diameter, while in the axilla of the same side (*i. e.*, left) there are four or five glands, the largest being about an inch to an inch and a quarter in diameter. The glands in the groin are less than a quarter of an inch in diameter, making due allowance for the thickness of the skin.

On the day following the bath (*i. e.*, January 24th) I was very feverish—so much so that a medical friend asked me if I was sick, as my face was so red

and flushed. Looking back, I can now explain why I felt so much mental depression. Ever since my fingers have been in this condition I have felt blue and melancholy. I often wondered at the time the cause of it, but now it is clear.

I at once made a diagnosis of syphilis, which much surprised the gentleman, for he knew of no means by which he could have contracted that disease. He supposed that he had gotten some other form of blood poisoning from one of the cadavers. In the light of my diagnosis, he became firmly convinced that he had inoculated himself with syphilis during the post-mortem examination of one of the cases just detailed. It will be noted that the first autopsy was made on the 29th of November, and that secondary manifestations of syphilis showed themselves upon the 23d of January following, thus making a period of fifty-four days (assuming, as it is very certain, that infection took place during the first autopsy) from infection to systemic outburst. This length of time would fully cover the two classical periods of incubation observed in the development of syphilis. The time between the second autopsy and evidences of infection was too short by far for syphilis.

I must call attention to the fact that in both cases the autopsy was made in a comparatively short period after death. In the first, eight hours had elapsed, and in the second case nine hours after death before the post-mortem examination was made. I have made many inquiries of medical men who in dissecting-rooms, in autopsy theatres and morgues, and in private practice, have made many post-mortem examinations, but have been unable to learn any facts pointing to syphilitic infection from cadavers. I have been told on good authority, however, that a prominent surgeon of this city, now deceased, became infected with syphilis while holding an autopsy upon a patient who died with that diathesis active in his system.

If in the future it shall be made certain that syphilis may be contracted from an infected cadaver, I am inclined to the belief that the operation must be done soon after death or before cadaveric changes have taken place, for the latter undoubtedly destroy the syphilitic virus.

Let us turn now to the consideration of a series of cases which show unusual and peculiar modes of syphilitic infection between living subjects. Within the past few years the following cases, illustrating unusual and peculiar modes of syphilitic infection, have been seen by me in public and in private practice:

SYPHILITIC INFECTION BY MEANS OF A CAUSTIC-HOLDER.

CASE V.—A gentleman, aged thirty-four, had an abrasion on the prepuce which was touched by a physician with a very short nitrate-of-silver stick held in a silver holder. In three weeks a typical hard chancre appeared,

which was followed by syphilis. The physician informed me that he was fully convinced that he had communicated the poison, which he thought had lodged either upon the caustic or upon the holder. The gentleman was of the same opinion, for the reason that the only woman he had cohabited with for years was perfectly healthy.

SYPHILITIC INFECTION BY MEANS OF A HANDKERCHIEF.

CASE VI.—A lady, nineteen years of age, had an herpetic ulcer upon the lower lip. She used several times during an evening the handkerchief of her lover, who had mucous patches in the throat and on the tongue. Result: a hard chancre and general syphilitic manifestations.

SYPHILITIC INFECTION PROBABLY FROM A BATHING-SUIT.

CASE VII.—A lady, aged twenty, had just recovered from menstruation and had on the free margin of the left labium majus a linear excoriation from menstrual herpes, from which she very often suffered. She went to Coney Island and bathed in a borrowed bathing suit, feeling irritated in the parts while it was on. In two weeks an obstinate indurated ulcer formed, which in due time was followed by syphilis. She was positive that her syphilis was contracted from the bathing-suit, and her answers to all questions put regarding other modes of infection left the impression on my mind that she was correct in her belief.

SYPHILITIC INFECTION PROBABLY FROM A SYRINGE.

CASE VIII.—A lady, thirty-six years of age, living in an out-of-the-way abode with a female friend and an aged servant, used a Davidson syringe *per vaginam* which belonged to her lady friend. Three weeks later the patient noticed an excoriation at the introitus vaginæ, which, in spite of cleanliness and cooling douches, increased in extent. Two months later roseola, mucous patches, and rheumatoid pains caused her to seek relief at my hands. She said that various circumstances convinced her thoroughly that her friend had syphilis, and that she took the disease from the syringe. Whether she did or did not I can not positively say, but the logical conclusion to be drawn from her case is to beware of syringes which belong to other people.

SYPHILITIC INFECTION PROBABLY BY MEANS OF A PAIR OF DRAWERS.

CASE IX.—A female, aged thirty, presented a characteristic hard chancre of the size of a silver half-dollar, which was seated on the inner portion of the thigh two inches below the vulva. It is very probable, in the light of all the facts elicited by me from the woman, who was quite intelligent, that infection took place by means of a pair of drawers which belonged to a syphilitic female who lodged in the same room with her. One night they indulged together in too much beer and whisky, and the next morning by mistake they exchanged drawers. The newly infected woman had excoriations on the thighs, and one of these became inoculated. Later on, general manifestations of syphilis appeared.

Within a few weeks I had under observation a woman who had an almost similar hard chancre of the thigh, which it is very probable was contracted from a man with whom she cohabited, who had condylomata lata on his scrotum, while the inside of her thighs was in an excoriated condition.

SYPHILITIC INFECTION BY MEANS OF ADHESIVE PLASTER OR THROUGH DRESSING OF A WOUND.

CASE X.—I have now in my ward at the Charity Hospital a woman who presents a general discrete and ringed papular syphilide with tendency to rupia upon the legs, who was probably infected with syphilis by an interne in a hospital. She is twenty-four years of age, has been married four years, and has a perfectly healthy husband and one healthy child. Ten months ago she went into a hospital suffering from some tumors of the ovary. She was perfectly healthy prior to admission and had had no suspicious intercourse. Two weeks were passed in preparatory treatment before the operation. Two weeks after this event the house surgeon removed the adhesive-plaster dressings quickly and with force, so that in one spot an excoriated surface was left. New plasters were applied which, when removed a few days later, revealed an indolent ulcer at the seat of this excoriation. This ulcer became elevated and hardened and did not heal. The inguinal ganglia became enlarged, and in two months from the date of the appearance of the sore (which was just below and on the right of the umbilicus) a syphilide appeared all over the body.

From a careful consideration of this case, I am led to believe that the syphilitic virus was either implanted by the fingers of the house surgeon upon the excoriation, or that it had in some unknown way gotten upon the plaster. This case shows how careful surgeons, house surgeons, orderlies, and dressers should be in thoroughly cleansing their hands after touching, even in a superficial manner, patients with any infectious disease, particularly syphilis.

SYPHILITIC INFECTION PROBABLY CONTRACTED IN A WATER-CLOSET.

I have long thought that the profession is far too skeptical as regards the possibility of syphilis being contracted in a water-closet. I have seen so many cases of hard chancre, the bearers of which have told me that they frequently, while at business or away from home, renewed their dressings and inspected their penis while sitting upon a water-closet seat, that I have been surprised that infection by this means is not common. Then, again, we constantly see cases of mucous patches and condylomata lata of the scrotum (particularly in the lower and uncleanly orders) which it would seem must, unless great care and circumspection were exercised, come in contact with the water-closet seat. It has often occurred to me that it was a little less than a miracle that these men did not spread syphilis. Then,

again, cases of condylomata lata and syphilitic ulcers of the perinæum and buttocks are not at all uncommon, and we constantly see cases in which patients thus suffering state that they have used various water-closets without taking any care whatever to cover these lesions. Therefore I say that the communication of syphilis under these circumstances is easily credible, and that it is a great wonder that it does not more commonly occur. The following case is reported in confirmation of these remarks:

CASE XI.—The patient is a married man, aged twenty-nine, and a prosperous merchant. On November 2, 1888, he came to me with a typical hard chancre on the anterior portion of the scrotum and bi-inguinal adenopathy. I learned positively that he had had suspicious connection but once within a year, and that at that time, about a month previous, by reason of great haste and prudence, only the penis had been exposed. He is absolutely positive that his scrotum had not come in contact with the woman. Furthermore, this woman, I am certain, is not syphilitic and has not had any lesions of any sort about her genitals. After much thought the patient reached the following conclusions: About three weeks before he consulted me he had experienced an itching on the scrotum, and to relieve it he scratched so violently that an excoriation was produced; while his scrotum was thus raw he indulged in liquor in a Bowery saloon, and became slightly intoxicated. In this condition he went to the adjoining water-closet (which was used by the frequenters of the saloon) and there fell asleep on the seat. From the date of this debauch the excoriation showed no tendency to heal, but on its site a somewhat hard, exulcerated nodule developed, and coincidently with this indurating process inguinal adenitis was observed, which was much marked on the right side, corresponding with the hard chancre of the scrotum. The appearances of the scrotal lesion and the swelling of the ganglia are well shown in the water-color I present to the association. In due time secondary manifestations appeared. Every fact concerning this case points to the water-closet of the Bowery dive as the source of the syphilitic infection.

SYPHILITIC INFECTION PROBABLY FROM A CONDUCTOR'S WHISTLE.

CASE XII.—Several years ago I had under observation a girl, aged ten years, who had a typical indurated chancre on her upper lip. Her mother was utterly unable to account for the lesion, and I, after some trouble, ascertained that neither the parents nor the other children of the family were affected with syphilis. It so happened that about this time a young man was under my care for syphilis who suffered severely from mouth lesions, and who boarded with this family. This man's occupation as a car conductor caused him to employ a whistle, which on his days off he left at home. It was learned that previous to the onset of the sore lip of the little girl she had played with this whistle, but it was not known that she had a crack or abrasion about the mouth. By exclusion, after due care and questioning, I reached the conclusion that this whistle was the medium of syphilitic infection to the young girl.

SYPHILITIC INFECTION PROBABLY FROM A TONGUE SCRAPER.

CASE XIII.—Some time ago I was much perplexed as to the contaminating source of a hard chancre on the side of the tongue of a young man. Owing to various circumstances, it happened that he had not been near any females for several months, nor had he used a towel or drinking-vessel in common with others. He was a very intelligent man, and, guided by my suggestions, had made every endeavor to learn the source of infection. After much thought and inquiry he satisfied himself that his syphilis was derived from a male companion who was suffering from that disease, particularly in the mouth. It transpired that one evening, about three weeks before the appearance of the lingual chancre, my patient used the ivory tongue scraper of his syphilitic friend, at that time being ignorant of the latter's diseased condition. This is the only explanation he could give of the origin of the disease in him, and it certainly is reasonable to suppose that the syphilitic virus derived from his friend remained upon the instrument and was implanted upon the abraded surface of the tongue in the scraping motion incident to the cleansing of that organ.

SYPHILITIC INFECTION PROBABLY FROM A TOWEL.

I have seen so many cases in which the evidence was so conclusive that syphilitic infection was transmitted through a towel, that I have reached the conclusion that these useful articles are more frequently the contaminating medium than has heretofore been supposed.

CASE XIV.—I have now under treatment a young woman who is firm in the belief that she contracted her initial syphilitic lesion in this manner. She is employed in business with other young women and has always used her own towels, which she kept under lock and key. One day she loaned her towel to a fellow-employee, and two weeks after she noticed a little abrasion on the lower lip which promptly developed into an indurated chancre, which in its turn was followed by general manifestations. She is positive that she was in no other way exposed, and her persistent inquiries revealed the fact that her companion was suffering from syphilis with severe buccal and labial lesions at the time she borrowed and used the towel in question.

The following case will serve to emphasize the probability of the foregoing mode of infection:

CASE XV.—A traveling salesman, aged twenty-seven, who for months, as he said, had not been near a woman, slept in the same room with a male companion in a small Western hotel. It so happened that he had at the time an excoriation upon the lower lip from herpes. It also unfortunately happened that there was only one towel in the room, and these fellow-travelers used it in common in the morning. In a little more than a week the excoriation, which had healed, reopened and continued to become exulcerated and indurated until within a month (at his first visit to me) it had attained a larger size and was a source of great disfigurement and discomfort to him.

Secondary manifestations came in good time. This man knew that his companion was syphilitic, and subsequently learned that at the time of their sojourn at the Western hotel he had severe buccal and pharyngeal lesions.

It is interesting to add that the details of the first case of this essay present very clear evidence that a chancre on the conjunctiva was contracted by means of a towel.

The practical lessons taught by these cases are, first, to avoid, if possible, towels used by others, and, second, that physicians should instruct syphilitic patients, among other things, to keep as far as possible their towels strictly for their own use.

SYPHILITIC INFECTION PROBABLY BY MEANS OF A PILLOW.

CASE XVI.—A married lady, aged twenty-seven, went to the country to visit a sister, who had three children, the youngest of whom was two years old. This child was born a year after the infection of its mother with syphilis by her husband. It suffered from rashes, condylomata ani, and snuffles. At the time of the visit of its aunt it was troubled with a sore mouth, which was taken to be sprue. On several occasions this child slept with its aunt, who carefully avoided kissing it. She noticed, however, that the saliva escaped freely from its mouth upon the small pillow upon which her head and that of the child rested. At this time she had an insect bite upon the right cheek near the chin, which she scratched and picked. This papule healed, but in two weeks it reappeared and grew in height and area until, when first seen by me five weeks later, it had developed into a large, non-circumscribed, indurated nodule of a dull-red color, and covered with a thin seropurulent crust. The cervical and submaxillary ganglia of the same side were markedly swollen. In due time the appearance of roseola and papules about the genitals confirmed the diagnosis of syphilis.

All the facts in this case pointed to the child as the focus, and the pillow as the medium of transmission of the disease.

Too much care and watchfulness can not be exercised in the prevention of syphilis by means of infected infants and children.

SYPHILITIC INFECTION PROBABLY FROM A RAZOR.

I have now under treatment for secondary syphilis a man, aged thirty, a printer, who is positive in the belief that he contracted the disease in a barber's shop. In this case, as in all the others, I have been slow to reach conclusions as to the medium of syphilitic infection, and have not accepted hap-hazard statements of patients. In all cases I have explained to them as clearly as I could all possible sources of error and mistakes, and I have in an unprejudiced manner endeavored to arrive at correct conclusions.

CASE XVII.—The history of the patient just mentioned is as follows: He had for years suffered from papular acne of the face and neck. Several weeks

before coming to me he had been shaved in a cheap down-town barber's shop where clients were hurried off with much brusqueness and celerity. At the date assigned by him as the one upon which he was infected he noticed that the man who vacated the chair which he at once took had crusts on his forehead, nose, mouth, and chin, and a very red face. He is not aware that the barber took any pains to cleanse his lather brush or his razor. In the shaving operation the barber cut the top off a papule on the neck about four inches below the jaw. The lesion thus made bled a little and healed in a day or two. About sixteen days after this shave a little red spot appeared on the site of this lesion and promptly became sore and oozing. Though covered with court plaster, it did not heal, but in two weeks developed into a typical incrusted hard chancre with general cervical adenopathy. Secondary manifestations appeared in due time. As far as known, there was no other means by which this patient could contract syphilis.

It seems very probable that in the operation of shaving by a barber the razor is the medium of infection rather than the brush or the fingers of the artist, for the latter must of necessity be continually bathed in soapy water. In the cheap shops it seems that little attention is paid to cleansing razors, and it is probable that, although they may be briskly passed backward and forward over the strop, the syphilitic secretion may still adhere to them.

SYPHILITIC INFECTION BY MEANS OF THE FINGERS.

There is a mode of syphilitic infection which has not, I think, heretofore been described, of which I have seen certainly a dozen cases. It generally occurs in this way: a man, fearing to contract venereal diseases or for other reasons, contents himself with a digital exploration or fondling of the female genitals. Upon the latter condylomata lata or syphilitic excoriations being present, the fingers of the man become soiled with their secretion. Then by accident the virus is transferred by the finger or fingers of the man to some other part of his own body—generally by scratching or picking. In this mode, therefore, the finger is the medium of infection. I have for many years had the photograph of a young man's face showing a blooming chancre at the tip of his nose which was contracted in this manner. I have also at my hand notes of cases of chancres of the chin, the cheek, the neck, and the arm which were thus communicated.

I am therefore of the belief that many cases of chancres about the face in men originate in the manner just described.

It is almost unnecessary to remark that in medical literature many cases are recorded in which syphilis has been communicated from chancres on the fingers of surgeons, nurses, and midwives to healthy people. In these cases, however, the resulting chancres have, for obvious reasons, been found mostly upon the genitals of women.

All the foregoing cases carry with them important lessons, and many of them should teach physicians that, besides treating their syphilitic patients, they should explain to them how they may become foci of infection, and make clear to them the means of preventing that great disaster to others.

40 WEST TWENTY-FIRST STREET, NEW YORK.